

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Attorney Docket No.	CE11461JDP (9640/130)
Application Number	10/674,984
Filing Date	SEPTEMBER 30, 2003
First Named Inventor	BRIAN K. SMITH
Group Art Unit	
Examiner	

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Amendment/Response to Restriction/Election Req.	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Drawings:	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input checked="" type="checkbox"/> Post Card Receipt
<input type="checkbox"/> Extension of Time Request (duplic)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Declaration	<input type="checkbox"/>
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement, PTO-1449	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/>
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Request of Refund	<input type="checkbox"/>
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. <u>13-4772</u> (MOTOROLA). A duplicate copy of this sheet is enclosed.		
<input checked="" type="checkbox"/> I hereby petition under 37 CFR § 1.136(a) for any extension of time required to ensure that this paper is timely filed. Please charge any associated fees which have not otherwise been paid to Deposit Account No. <u>13-4772</u> . A duplicate copy of this sheet is enclosed.		

CALCULATION OF FEE

				Small Entity		Large Entity		
	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total		Minus			x \$9=	0	x \$18=	
Indep.		Minus			x \$43=	0	x \$86=	
First Presentation of Multiple Dep. Claim					+\$145=	---	+\$290=	
					total add'l fee	\$ 0	total add'l fee	\$ 0

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	FRANK C. NICHOLAS Registration No. 33,983 Cardinal Law Group 1603 Orrington Avenue, Suite 2000 Evanston, IL 60201	
Signature		Date: <u>NOVEMBER 20, 2003</u>
CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22202-1450 on this date: <u>NOVEMBER 20, 2003</u>		
Signature	 FRANK C. NICHOLAS (33,983)	Date: <u>NOVEMBER 20, 2003</u>

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on this date: November 20, 2003
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FRANK C. NICHOLAS, (33,983)
Name of applicant, assignee or registered representative
Frank C. Nicholas
Signature
November 20, 2003
Date of Signature

PATENT
Case No. CE11461JDP
(9640/130)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

BRIAN K. SMITH, ET AL.

Serial No. 10/674,984

Filed: SEPTEMBER 30, 2003

Title: ENHANCED PASSIVE SCANNING

Examiner:

Group Art Unit:

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Pursuant to 37 C.F.R. §§ 1.56 and 1.97-1.98, Applicants would like to call the Examiner's attention to the references listed on the enclosed form PTO-1449.

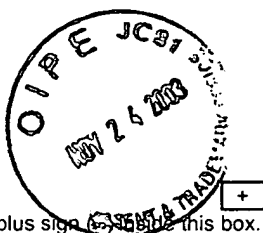
Applicants believe that none of the listed references, alone or in combination disclose or suggest Applicant's claimed invention.

Dated: NOVEMBER 20, 2003

Respectfully submitted,

CARDINAL LAW GROUP
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1603 Orrington Avenue
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Frank C. Nicholas
FRANK C. NICHOLAS
Registration No. 33,983
Attorney for Applicants



Please type a plus sign (+) in this box. FORM PTO/SB/08

Substitute for form I449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)				<i>Complete if Known</i>	
				Application Number	10/674,984
				Filing Date	SEPTEMBER 30, 2003
				First Named Inventor	BRIAN K. SMITH
				Group Art Unit	
Examiner Name				Attorney Docket Number	CE11461JDP (9640/130)
Sheet	1	of	1		

U. S. PATENT DOCUMENTS						
Examiner Initials*	Cite No. ¹	U.S. Patent Document		Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number	Kind Code ² (if known)			
	A1	5,987,012		BRUCKERT ET AL.	11/16/1999	
	A2	5,920,549		BRUCKERT ET AL.	07/06/1999	

FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite No. ¹	Foreign Patent Document			Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶
		Office ³	Number ⁴	Kind Code ² (if known)				

Examiner Signature		Date Considered	
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation, if not in conformance and not considered. Include copy of this form with next communication to applicant.

OTHER PRIOR ART – NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
Examiner Signature		Date Considered	

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation, if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Unique citation designation number. ² Applicant is to place a check mark here if English Language Translation is attached.